

2012 WL 6221557 (Fla.Cir.Ct.) (Trial Motion, Memorandum and Affidavit)  
Circuit Court of Florida.  
Fourth Judicial Circuit  
Duval County

Rosetta SMITH, as Personal Representative of the Estate of Willie Mae Marshall, Deceased, Plaintiff,

v.

MEMORIAL HEALTHCARE GROUP, INC. d/b/a Memorial Hospital of Jacksonville, Defendant.

No. 162011CA008620.  
February 16, 2012.

**Plaintiff's Memorandum of Law in Opposition to Defendant's Motion to  
Dismiss the Complaint or, Alternatively, Motion to Strike Portions Thereof**

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Plaintiff, **ROSETTA SMITH, as Personal Representative of the Estate of WILLIE MAE MARSHALL**, by and through the undersigned attorneys, responds to Defendant's Motion to Dismiss the Complaint or Alternatively, Motion to Strike Portions Thereof, and says:

**INTRODUCTION**

Defendant Memorial has moved to dismiss Plaintiffs Complaint claiming a plaintiff cannot maintain a claim for medical negligence and violations of Chapter 415, the Adult Protective Services Act even though the statute's express language states, "The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a vulnerable adult." [Fla. Stat. § 415.1111 \(2009\)](#). Here, Plaintiff brings two separate and distinct causes of actions. First, Plaintiff pled a Chapter 766 Medical Malpractice survival action. Willie Mae Marshall endured [decubitus ulcers \(bedsores\)](#) to her coccyx and both buttocks between April 9, 2009 and May 19, 2009. (Compl. ¶10-13). She died on July 9, 2009 as the result of sepsis caused by her [bedsores](#). Second, Plaintiff pled a Chapter 415 Adult Protective Services Act ("APSA") claim on behalf of a vulnerable adult who was neglected by caregiver Memorial. (Compl. Counts I - III). Defendant asks this Court to rule that Plaintiff cannot state a cause of action for Chapter 415 as a matter of law at the pleading stage despite a properly pled complaint and numerous local Orders to the contrary. Recently, four other Fourth Judicial Circuit trial courts ruled against these arguments when Defendant's lawyers asserted them therein. See Ex. "A". *Orders in Annie Mae Smith v. Memorial Healthcare Group, Inc.; Ruthann Johnson, as Personal Representative of the Estate of Michael Johnson v. Memorial Healthcare Group, Inc; Michael Brown, as Personal Representative of the Estate of Ada Brown v. Shands Jacksonville Medical Center, Inc.; and George Clay Chandler et al. v Memorial Healthcare Group, Inc.* Defendant erroneously claims Chapter 766 is an exclusive remedy. Again, this argument is frivolous and false. Chapter 766 expressly provides for and acknowledges other causes of action can be brought contemporaneously. See generally, [Fla. Stat. § 766.207 \(2009\)](#) – Parties acceptance of binding arbitration precludes resort to "other remedies" and binds the parties to Chapter 766 remedies. The Florida Legislature knows how to expressly create an exclusive remedy as is evidenced by the Chapter 400 Nursing Home Remedies Act.

Plaintiff properly pled both a Chapter 766 Medical Malpractice and a Chapter 415 Adult Protective Services Act cause of action, but if the Court finds any defect in the pleading, then Plaintiff seeks leave to amend to remedy any pleading defect.

## LEGAL STANDARD FOR MOTION TO DISMISS

Under [Rule 1.110\(b\)\(2\), Florida Rules of Civil Procedure](#), the Plaintiff only needs to offer the court a concise statement of the facts exhibiting that he or she is entitled to relief. Fla. R. Civ. P. 110(b)(2). The purpose of a motion to dismiss a complaint is to raise a question of law as to the sufficiency of the facts alleged to state a cause of action. See [Connolly v. Seveco, Inc.](#), 89 So. 2d 482 (Fla. 1956); and [Chiang v. Wildcat Groves, Inc.](#), 703 So. 2d 1083, 1087 (Fla. 2d DCA 1997). When considering a motion to dismiss, the trial court must look only to the four corners of the complaint, assume all allegations in the complaint to be true, and draw all reasonable inferences in favor of the pleader. [Bolz v. State Farm Mut. Ins. Co.](#), 679 So. 2d 836 (Fla. 2d DCA 1996); [Provence v. Palm Beach Taverns, Inc.](#), 676 So. 2d 1022 (Fla. 4th DCA 1996); [Shahid v. Campbell](#), 552 So. 2d 321 (Fla. 1<sup>st</sup> DCA 1989). Complaints should not be dismissed for failure to state a cause of action unless the person initiating the motion can establish beyond any doubt that the claimant could prove no set of facts whatever in support of their claim. [Greenfield v. Manor Care, Inc.](#), 705 So. 2d 926 (Fla. 4th DCA 1997). Finally, a motion to dismiss cannot succeed if a plaintiff's well-argued complaint has alleged all necessary elements of a cause of action. [Gladstone v. Smith](#), 729 So. 2d 1002 (Fla. 4th DCA 1999).

### I. PLAINTIFF HAS PROPERLY PLED A MEDICAL MALPRACTICE SURVIVAL ACTION SINCE DECEDENT WILLIE MAE MARSHALL'S BEDSORES WERE NOT CAUSALLY RELATED TO HER SUBSEQUENT DEATH

When a personal injury results in death, the decedent's personal injury claim converts into a wrongful death action for the benefit of the statutory survivors. [Fla. Stat. § 768.20 \(2009\)](#). However, the abatement of the personal injury action at the time of death only converts when the underlying personal injury caused or contributed to the death. *Id.*; see also [Salfi v. Columbia/JFK Med. Ctr. Ltd.](#), 942 So. 2d 417, 420 (Fla. 4th DCA 2006). Per [Florida Statutes section 768.20](#), "Parties":

The action shall be brought by the decedent's personal representative, who shall recover for the benefit of the decedent's survivors and estate all damages, as specified in this act, caused by the injury resulting in death. **When a personal injury to the decedent results in death, no action for the personal injury shall survive, and any such action pending at the time of death shall abate.** The wrongdoer's personal representative shall be the defendant if the wrongdoer dies before or pending the action. A defense that would bar or reduce a survivor's recovery if she or he were the plaintiff may be asserted against the survivor, but shall not affect the recovery of any other survivor.

[Fla. Stat. § 768.20](#) (Emphasis Added). [Florida Statutes section 46.021](#). Actions; surviving death of party, expressly mandates:

No cause of action dies with the person. All causes of action survive and may be commenced, prosecuted, and defended in the name of the person prescribed by law.

[Fla. Stat. § 46.021 \(2009\)](#). Willie Mae Marshall's claim for medical malpractice is predicated upon personal injuries she sustained while alive which did not cause and/or contribute to her death. Her medical malpractice claim is properly pled as a survival action. Whereas [Florida Statutes section 415.1111](#) expressly mandates, "The action may be brought by the vulnerable adult... or by the personal representative of the estate of a deceased victim without regard to whether the cause of death resulted from the **abuse**, neglect, or exploitation." Therefore, Plaintiff properly pled the APSA Chapter 415 claim in the alternative, alleging both a survival and a wrongful death claim. (Compl. ¶28-29).

### II. PLAINTIFF HAS PROPERLY PLED A CAUSE OF ACTION FOR CIVIL REMEDY RELIEF UNDER CHAPTER 415, THE ADULT PROTECTIVE SERVICES ACT

The crux of the Defendant's Motion is the fallacy that a party cannot maintain a cause of action for both medical malpractice per Chapter 766 and for violations of the APSA per Chapter 415 based on similar facts. [Florida Statute section 415.1111](#), "Civil Actions" expressly provides,

A vulnerable adult who has been **abused**, neglected, or exploited as specified in this chapter has a cause of action against any perpetrator and may recover actual and punitive damages for such **abuse**, neglect, or exploitation. The action may be brought by the vulnerable adult, or that person's guardian, by a person or organization acting on behalf of the vulnerable adult with the consent of that person or that person's guardian, or by the personal representative of the estate of a deceased victim without regard to whether the cause of death resulted from the **abuse**, neglect, or exploitation. The action may be brought in any court of competent jurisdiction to enforce such action and to recover actual and punitive damages for any deprivation of or infringement on the rights of a vulnerable adult. A party who prevails in any such action may be entitled to recover reasonable attorney's fees, costs of the action, and damages. **The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a vulnerable adult.** Notwithstanding the foregoing, any civil action for damages against any licensee or entity who establishes, controls, conducts, manages, or operates a facility licensed under part II of chapter 400 relating to its operation of the licensed facility shall be brought pursuant to s. 400.023, or against any licensee or entity who establishes, controls, conducts, manages, or operates a facility licensed under part I of chapter 429 relating to its operation of the licensed facility shall be brought pursuant to s. 429.29. Such licensee or entity shall not be vicariously liable for the acts or omissions of its employees or agents or any other third party in an action brought under this section.

[Fla. Stat. § 415.1111 \(2008\)](#) (Emphasis Added). Chapter 415 specifically provides for civil actions with specific enumerated statutory damages which are separate and distinct from those available under Chapter 766. The two illustrative cases interpreting Chapter 415, *Bohannon v. Shands Teaching Hospital and Clinics*, 983 So.2d 717 (Fla. 1<sup>st</sup> DCA 2008) and *Tenet South Florida Health Systems v. Jackson*, 991 So.2d 396 (Fla. 3d DCA 2008), are easily distinguishable from this case since we have pled both a Chapter 766 medical malpractice and a Chapter 415 claim. In *Bohannon* and *Tenet* the plaintiffs were each personal representative for the decedent's estates and chose to only bring a claim for violations of Chapter 415 for the failure to provide medicine and appropriate medical services. See *Bohannon*, 983 So.2d 717; *Tenet*, 991 So.2d 396. Furthermore, as explained in detail below, based on the plain statutory language in Chapter 415, Plaintiff has pled a valid cause of action for violation of the APSA.

#### **A. The Legislative History of Chapter 415 explicitly demonstrates a cause of action may be maintained against a Hospital for violations of the APSA.**

To fully understand and appreciate the current plain meaning of the language contained in Chapter 415, it is necessary to review the pertinent legislative history.

#### **Pre-2000 Chapter 415**

Prior to 2000, Chapter 415 only allowed a civil cause of action against a "perpetrator". The definition of "perpetrator" was someone found in an administrative or criminal proceeding to have **abused**, neglected or exploited a victim under Ch 415. Ch 415 only applied to the "**elderly**" and the "disabled" per the definitions section. Thus the statute was very limited in application for any civil remedies.

#### **2000 LEGISLATIVE SESSION**

Chapter 415 was completely rewritten in the 2000 Legislative Session. The definition section contained in [Florida Statute 415.102](#) was substantially rewritten. Prior to 2000, the Act only applied to "... a disabled adult or an **elderly** person...". In 2000 the Act was changed to apply to "... vulnerable adults... ". A Section is inserted into the Statute defining vulnerable adults as anyone over 18 years of age whose ability to perform the normal activities of daily living or to provide for her or her own care or protection is impaired. Finally, in the definition section, the definition of perpetrator is removed from the Statute. Prior to 2000, the definition required a perpetrator be a person found by a State Administrative Finding to be "classified as confirmed" of **abusing**, neglecting or exploiting a disabled adult or **elderly** person.

Additionally, the Civil Remedies Section of the Adult Protective Services Act was completely rewritten. See [Fla. Stat. § 415.1111](#). Prior to 2000, the Civil Remedy only applied when a person was found to be a perpetrator (i.e., there was a confirmed administrative finding). After the 2000 revisions, any vulnerable adult who was **abused**, neglected or exploited could bring and maintain a cause of action for violations of the Adult Protective Service Act without a confirmed report naming a perpetrator.

415.102 Definitions of terms used in ss.

415.101-415.113.--As used in ss. 415.101-415.113. <sup>1</sup> the term:

(1) "**Abuse**" means any willful act or threatened act that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. **Abuse** includes acts and omissions. "**Abuse**" means the  
(2) "Alleged perpetrator" means a person who has been named by a reporter as the person responsible for **abusing**, neglecting, or exploiting a vulnerable

(4) "Caregiver" means a person who has been entrusted with or has assumed the responsibility for frequent and regular care of or services to a vulnerable disabled adult or an **elderly** person on a temporary or permanent basis and who has a commitment, agreement, or understanding with that person or that person's guardian that a caregiver role exists. "Caregiver" includes, but is not limited to, relatives, household members, guardians, neighbors, and employees and volunteers of facilities as defined in subsection (8) (13). For the purpose of departmental investigative jurisdiction, the term "caregiver" does not include law enforcement officers or employees of municipal or county detention facilities or the Department of Corrections while acting in an official capacity.

(8)(15) "Facility" means any location providing day or residential care or treatment for *vulnerable* disabled adults or **elderly** persons. The term "facility" may include, but is not limited to, any hospital, training center, state institution, nursing home, assisted living facility, adult family-care home, adult day care center, group home, or mental health treatment center.

(15)(22) "Neglect" means the failure or omission on the part of the caregiver or disabled adult or **elderly** person to provide the care, supervision, and services necessary to maintain the physical and mental health of the *vulnerable* disabled adult or **elderly** person, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, that a prudent person would consider essential for the well-being of a vulnerable disabled adult or an **elderly** person. The term "neglect" also means the failure of a caregiver to make a reasonable effort to protect a *vulnerable* disabled adult or an **elderly** person from **abuse**, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

(25)(37) "Victim" means any *vulnerable* disabled adult or **elderly** person named in a report of **abuse**, neglect, or exploitation.

(26) "Vulnerable adult" means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for her or her own care or protection is impaired due to a mental, emotional, physical, or developmental disability or dysfunctioning, or brain damage, or the infirmities of aging.

## 415.1111 Civil penalties.--

(1)(3) A vulnerable adult who has been **abused**, neglected, or exploited disabled adult or an **elderly** person who has been named as a victim in a confirmed report of **abuse**, neglect, or exploitation as specified in this chapter part has a cause of action against any perpetrator named in the confirmed report and may recover actual and punitive damages for such **abuse**, neglect, or exploitation. The action may be brought by the *vulnerable* disabled adult or **elderly** person, or that person's guardian, by a person or organization acting on behalf of the *vulnerable* disabled adult or **elderly** person with the consent of that person or that person's guardian, or by the personal representative of the estate of a deceased victim disabled adult or **elderly** person without regard to whether the cause of death resulted from the **abuse**, neglect, or exploitation. The action may be brought in any court of competent jurisdiction to enforce such action and to recover actual and punitive damages for any deprivation of or infringement on the rights of a vulnerable disabled adult or an **elderly** person. A party who prevails in any such action may be entitled to recover reasonable attorney's fees, costs of the action, and damages. The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a *vulnerable* disabled adult or an **elderly** person.

## 2001 LEGISLATIVE CHANGES

In 2001 S.B. 1202/H.B. 1879 - 415.1111 (Civil Remedy) was rewritten to specifically exempt Nursing Homes – while still applying to individuals who worked in Nursing Homes. The new language explains:

Notwithstanding the foregoing, any Civil Action for damages against any licensee or entity who establishes, controls, conducts, manages or operates a facility licensed under Part II of Chapter 400 relating to its operation of the licensed facility shall be brought pursuant to Section 400.023, or against any licensee of entity who establishes, controls, conducts, manages or operates a facility licensed under Part I of Chapter 429 relating to its operation of licensed facility shall be brought pursuant to Section 429.29. Such licensee or entity shall not be vicariously liable for the acts or omissions of its employees or agents or any other third party in an action brought under this section.

Nursing Homes and Assisted Living Facilities are the only facilities/entities who were expressly excluded from the purview of Chapter 415.1111. However, actions can still be brought under Chapter 415 against employees or agents of Nursing Homes of Assisted Living Facilities, but the Nursing Home of Assisted Living Facility may not be held vicariously liable under Chapter 415.1111 for their conduct. Instead, any action for such violations must be brought under Chapter 400.023 or 429.29, which allows for recovery for similar acts or omissions against Nursing Homes and Assisted Living Facilities. In addition, Chapter 400 was rewritten to mandate Chapter 400 as the “exclusive remedy for this type of cause of action.” The 2001 rewrite of the Nursing Home Statute states:

Sections 400.023-400.0238 provide the *exclusive remedy* for a cause of action for recovery of damages for the personal injury or death of a Nursing Home resident arising out of negligence or a violation of rights specified in Section 400.022. This section does not preclude theories of recovery not arising out of negligence or Section 400.022 which are available to a resident or to the agency. The provisions of Chapter 766 do not apply to any cause of action brought under Section 400.023-400.0238. (Emphasis added).<sup>2</sup>

Importantly, no such changes were made to the Chapter 766 Medical Malpractice Statutes. There is simply no provision in Chapter 766 which makes it an exclusive remedy or which expressly and plainly forbids application of Chapter 415 to health care providers. Hospitals are identified and defined in Chapter 415 as “facilities”.

In the Senate Staff Analysis of the changes contained in Senate Bill 1202 relating to Chapter 400 and Chapter 415, the Senate Staff specifically addressed the fact that multiple related causes of action are typically brought against “facilities” (hospitals, nursing homes and assisted living facilities) in these types of cases. Nonetheless, the legislature chose not to change any of the statutes as it related to Chapter 766 or malpractice clauses. A similar staff analysis was issued in the House.

### 2003 LEGISLATIVE SESSION

In the 2003 Legislative Session, one change was made to the Statute in the definitions section requiring that as it relates to a “vulnerable adult”, the cause of the inability to perform normal activities of daily living or to provide for her or her own care or protection must be related to a “long term” physical problem. Otherwise, the definitions remain unchanged. In addition, the inability to perform normal activities of daily living and to provide for their own care can also be caused by “... mental, emotional,... or developmental disability or dysfunctioning or brain damage or the infirmities of aging.”

In 2003, multiple efforts were made by the medical community and hospitals to eliminate them from the civil remedies section of Chapter 415 and to make Chapter 766 the sole remedy. They failed. See the following:

House Bill 0063b – Amended [Section 415.1111](#) so that it would not apply to any actions involving allegations of medical malpractice by a hospital. **FAILED.**

House Bill 0015c – Amended 415.1111 to provide that this Statute will not apply to any action involving any allegations of medical malpractice. **FAILED.**

House Bill 0067b – Amended 415.111 so that it would not apply to any actions involving any allegations of medical malpractice against the hospital. **FAILED.**

### 2004 LEGISLATIVE SESSION

Once again, the medical community tried to limit the scope and application of Chapter 415. House Bill 1821, an Amendment which proposed limiting Chapter 415.1111 such that any allegations of medical negligence against certain types of health care providers (including hospitals) must only be brought under Chapter 766 – **FAILED.**

### 2009 LEGISLATIVE SESSION

Attempts were made to change the definitions contained in Chapter 415 as follows:

S.B. 988/HB493 – Attempted to change the definitions to reinsert a definition for the word “perpetrator” so that Plaintiffs would have to prove a prior administrative or criminal proceeding before a civil action was brought –**FAILED.**

Senate Bill S.B. 2404 and H.B. 1141 – attempted to rewrite some of the definitions including the definitions of a vulnerable adult – **FAILED.**

### **B. The Plaintiff can plead a claim for both medical malpractice and violations of the Adult Protective Services Act.**

[Florida Statute section 415.1111](#) states, “the remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a vulnerable adult.” [Fla. Stat. § 415.1111\(2008\)](#). Therefore, a claim can be brought under [section 415.1111](#) in addition to and cumulative with a medical malpractice claim. *Id.* The statute explicitly declares claims relating to nursing homes and assisted care facilities shall be brought pursuant to section 400.023 and section 429.29,



respectively. *Id.* If the Legislature intended to exempt hospitals it would have said so as it did for claims relating to nursing homes and assisted care facilities. *Id.* Accordingly, Plaintiff can bring both a medical malpractice and APSA claim. *Id.*

Section 415.1111 allows Plaintiff to bring a civil action to recover actual and punitive damages and reasonable attorney's fees for injuries sustained by vulnerable adult Luella Session stemming from any neglect at the hands of caretaker FLAGLER. *Fla. Stat. § 415.1111*. By refusing to bar hospitals from actions under the APSA, the Legislature intends for hospitals to be liable for its **abuse**, neglect, or exploitation of vulnerable adults. *Id.*

*Bohannon v. Shands Teaching Hospital and Clinics, Inc.*, 983 So. 2d 717 (Fla. 1<sup>st</sup> DCA 2008), is instructive for purposes of analyzing these claims and supports Plaintiff's position herein. In *Bohannon*, the First District Court of Appeal expressly acknowledged a properly pled case can be brought against a hospital for violations of Chapter 415. The Court held:

To state a cause of action under section 415.1111, a complaint must set forth factual allegations which demonstrate that the plaintiff or the plaintiffs decedent was a “vulnerable adult” as defined by section 415.102(27), that the defendant was a “caregiver” as defined by section 415.102(4), and that the defendant committed “**abuse**” as defined by section 415.102(1), or “neglect” as defined by section 415.102(15), or “exploitation” as defined by section 415.102(7) with respect to the vulnerable adult.

#### **Bohannon, at 721.**

In *Bohannon*, after the defendant moved for summary judgment, the Court expressly gave the plaintiff the opportunity to amend its complaint to plead a medical malpractice claim which the plaintiff declined. The plaintiff never pled Chapter 415 elements. The First District ultimately ruled the complaint alleged the “prevailing professional standard of care” – the standard required under Chapter 766 - and therefore was a medical malpractice count and not a Chapter 415 action. The court also noted plaintiff only alleged a Chapter 415 count, with no Medical Malpractice count but included Chapter 766 certifications of “reasonable investigation”. See *Bohannon*, at 720. This led the court to conclude, “We affirm the trial judge's determination that the allegations of the amended complaint which purport to state a cause of action under § 415.1111 are clearly allegations of medical negligence.” *Id.*

The Court arrived at its holding not because a plaintiff is prohibited from making allegations of medical neglect under Chapter 415 but because the plaintiff in *Bohannon* had not complied with the mandatory medical malpractice pre-suit screening requirements. Clarifying this point the Court explains, “As the Florida Supreme Court noted in a somewhat similar context in *Integrated Healthcare Services Inc. v. Lange-Redway*, 840 So.2d 974 (Fla. 2002), a plaintiff must comply with the pre-suit requirements of Chapter 766 ‘if it seeks to make a defendant vicariously liable for the actions of a healthcare provider under the medical negligence standard of care set forth in §766.102(1).’” See *Bohannon*, at 721.

Thus, a Chapter 415 claim can be based upon the statutory 415 neglect standard and no medical malpractice pre-suit is needed. But, if a 415 claim is based upon the vicarious liability of healthcare professionals under the prevailing professional standard of care then compliance with the medical malpractice pre-suit procedures is required. Historically, nursing home cases were handled in this manner whereby a plaintiff was permitted to bring a Chapter 400 claim directly against the Nursing Home if they limited themselves solely to statutory remedies. However, if the plaintiff sought under Chapter 400 to hold the nursing home vicariously liable for the wrongful conduct of its healthcare professionals the plaintiff was required to comply with the statutory mandated medical malpractice pre-suit process.

In *Bohannon*, the plaintiff refused to amend her complaint to limit her allegations to Chapter 415 direct liability claims and she also refused to file a notice of intent to initiate a medical malpractice claim. This is a prerequisite to any vicarious liability claims for wrongdoing based upon the prevailing professional standard of care analysis for individual healthcare practitioners. The *Bohannon* complaint was predicated exclusively on “prevailing professional standard of care” allegations.

Chapter 415 claims can contain statutory claims without complying with Chapter 766 pre-suit and it can also contain Chapter 415 claims based upon theories of vicarious liability against healthcare providers, if Chapter 766 pre-suit is performed. In this matter, Chapter 766 pre-suit was completed even though Plaintiff's Count I Chapter 415 allegations are not predicated upon any prevailing professional standard of care theories. The claims in Count I are simply predicated upon statutory violations of Chapter 415, the APSA, and are a direct liability count, not a vicarious liability count based upon a healthcare professional's wrongdoing under the "prevailing professional standard of care".

WHEREFORE, for all the foregoing reasons this Court should deny Defendant's Motion to Dismiss the Complaint or, Alternatively, Motion to Strike Portions thereof, since Plaintiff has properly pled a claim for Chapter 766 Medical Malpractice and Chapter 415 APSA violations.

Footnotes

- 1 **CODING:** Words stricken are deletions; words *underlined* are additions.
- 2 Identical changes were made to the Assisted Living Facility Section at 429.29.